

EXHIBIT 12

EXHIBIT 12

EXHIBIT 12

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

STATE OF NEVADA



BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
*Deputy Secretary
for Commercial Recordings*

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Copy Request

March 22, 2017

Job Number: C20170322-0881
Reference Number: 00010584914-32
Expedite:
Through Date:

Document Number(s)	Description	Number of Pages
20100106924-45	Articles of Organization	2 Pages/1 Copies
20100108782-69	Initial List	1 Pages/1 Copies
20100162037-82	Certificate of Dissolution	1 Pages/1 Copies
20130461645-42	Certificate of Revival	4 Pages/1 Copies
20130461647-64	Annual List	1 Pages/1 Copies
20130461651-29	Acceptance of Registered Agent	1 Pages/1 Copies
20140084488-59	Annual List	1 Pages/1 Copies
20150036101-09	Annual List	1 Pages/1 Copies
20160047921-72	Annual List	1 Pages/1 Copies

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138



ROSS MILLER
Secretary of State
206 North Carson Street
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

Articles of Organization Limited-Liability Company

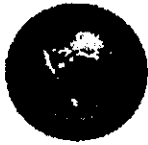
(PURSUANT TO NRS CHAPTER 86)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20100106924-45
	Filing Date and Time 02/19/2010 1:50 PM
	Entity Number E0074962010-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	ROIL ENERGY, LLC		Check box if a Series Limited-Liability Company <input type="checkbox"/>	
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) JANELLE L. EDINGTON Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity 8045 DOLCE VOLPE AVE. LAS VEGAS Nevada 89178 Street Address City State Zip Code _____ Mailing Address (if different from street address) City State Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____			
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)			
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) VAL HOLMS Name 470 HOLMS GULCH ROAD HELENA MT 59601 Street Address City State Zip Code 2) ALLAN HOLMS Name 470 HOLMS GULCH ROAD HELENA MT 59601 Street Address City State Zip Code 3) JOSEPH EDINGTON Name 470 HOLMS GULCH ROAD HELENA MT 59601 Street Address City State Zip Code			
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	VAL HOLMS Name Organizer Signature 470 HOLMS GULCH ROAD HELENA MT 59601 Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity _____ Date 02/15/10			



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: www.nvsos.gov

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent:

In the matter of **ROIL ENERGY, LLC**

Name of Business Entity

I, **JANELLE L. EDINGTON**

Name of Registered Agent

am a: (complete only one)

- a) ☐ commercial registered agent listed with the Nevada Secretary of State,
- b) ☒ noncommercial registered agent with the following address for service of process:

8045 DOLCE VOLPE AVE.

Street Address

LAS VEGAS

City

Nevada 89178

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

and hereby state that on **02/15/10** I accepted the appointment as registered agent
Date
for the above named business entity.

Signature:

X

Authorized Signature of R.A. or On Behalf of R.A. Company

2/15/10

Date

INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

ROIL ENERGY, LLC

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF FEB 2010 TO 02-11, due 03-31-11

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

JANELLE L. EDINGTON
8045 DOLCE VOLPE AVE.
LAS VEGAS, NV 89178

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

100401

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20100108782-69
	Filing Date and Time 02/22/2010 2:28 PM
	Entity Number E0074962010-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Initial list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following organization date.
- State business license fee is \$200.00. Effective 2/1/2010, \$100 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-6706.
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

INITIAL LIST FILING FEE: \$125.00

LATE PENALTY: \$75.00

BUSINESS LICENSE FEE: \$200.00

LATE PENALTY: \$100.00

Complete only if applicable

- ☐ Pursuant to NRS, this entity is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires: 20

Section 7(2) Exemption Codes

- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
005 - Motion Picture Company

NAME VAL HOLMS		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MANAGING MEMBER
ADDRESS 470 HOLMS GULCH ROAD	CITY HELENA	STATE MT	ZIP CODE 59601
NAME ALLAN HOLMS		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MANAGING MEMBER
ADDRESS 470 HOLMS GULCH ROAD	CITY HELENA	STATE MT	ZIP CODE 59601
NAME JOSEPH EDINGTON		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input checked="" type="checkbox"/> MANAGING MEMBER
ADDRESS 470 HOLMS GULCH ROAD	CITY HELENA	STATE MT	ZIP CODE 59601
NAME <input type="text"/>		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Title

MANAGING MEMBER

Date

02/15/10



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4520
 (775) 684 5708
 Website: www.nvsos.gov

**Dissolution of
 Limited-Liability Company
 (before commencement of business)**
 (PURSUANT TO NRS 86.490)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20100162037-82
	Filing Date and Time 03/16/2010 10:30 AM
	Entity Number E0074962010-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Articles of Dissolution
For a Nevada Limited-Liability Company
 (Pursuant to NRS 86.490 - before commencement of business)**

1. Name of the limited-liability company:

ROIL ENERGY LLC

2. The undersigned declare the following:

- (a) The management of the limited-liability company is vested in one or more managers;
- (b) The limited-liability company has not commenced business, and
- (c) No member's interest in the limited-liability company has been issued.

3. Signatures: document must be signed by of at least two-thirds of the organizers or the managers; a plain 8 1/2" x 11" sheet may be attached for additional signatures.

X

 Signature of Manager or Organizer

X _____
 Signature of Manager or Organizer

X _____
 Signature of Manager or Organizer

X _____
 Signature of Manager or Organizer

FILING FEE: \$75.00

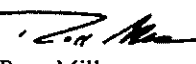
IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.



170402



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 1
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20130461645-42 Filing Date and Time 07/12/2013 8:29 AM Entity Number E0074962010-8
---	--

Certificate of Revival

(PURSUANT TO NRS 86.580)

Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Limited-Liability Company
(Pursuant to NRS 86.580)

1. Name of limited-liability company:

ROIL ENERGY, LLC

2. Registered Agent for service of process: (check only one box)

☐ Commercial Registered Agent:

Name

☒ Noncommercial Registered Agent
(name and address below)☐ Office or Position with Entity
(name and address below)

FRANK C. GILMORE

Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity

71 WASHINGTON STREET

Street Address

RENO

City

NEVADA

89503

Zip Code

Mailing Address (if different from street address)

City

NEVADA

Zip Code

3. Date when revival of charter is to commence or be effective, which may be before the date of the certificate:

February 19, 2010

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The corporation's existence shall be;

PERPETUAL or

(Time for which the revival is to continue)

This form must be accompanied by appropriate fees

Nevada Secretary of State 86.580 Revival Page 1
Revised: 5-14-10



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(776) 884-8708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS 86.580)

Page 2

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

5. Names and addresses of managers, or if there are not managers, all of the managing members must be set forth: (additional pages may be attached as necessary) (indicate management; check one box only)

☐ Manager or ☒ Managing Member

ALLAN HOLMS
Name
3625 W. WEST DRIVE SPOKANE WA 99224
Address City State Zip Code

☐ Manager or ☒ Managing Member

JOSEPH EDINGTON
Name
702 EDENDERRY COURT SPOKANE WA 99223
Address City State Zip Code

☐ Manager or ☒ Managing Member

VAL HOLMS
Name
470 HOLMS GULCH ROAD HELENA MT 59601
Address City State Zip Code

☐ Manager or ☐ Managing Member

Name

Address City State Zip Code

☐ Manager or ☐ Managing Member

Name

Address City State Zip Code

This form must be accompanied by appropriate fees

Nevada Secretary of State 86.580 Revival Page 2
Revised: 5-14-10



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 1
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS 86.580)

Page 3

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

6. The undersigned declare that the limited-liability company desires to revive its charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 86.

7. The undersigned declares that he has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of a majority of the members.

X *Alan S. Halpern*
Signature

Date *July 11, 2013*

X *Joseph R. Ringle*
Signature

Date *July 11, 2013*

A REGISTERED AGENT ACCEPTANCE MUST ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees

Nevada Secretary of State 86.580 Revival Page 3
Revised: 5-14-10

JOINT DECLARATION OF INTENT TO REVIVE ROIL ENERGY, LLC

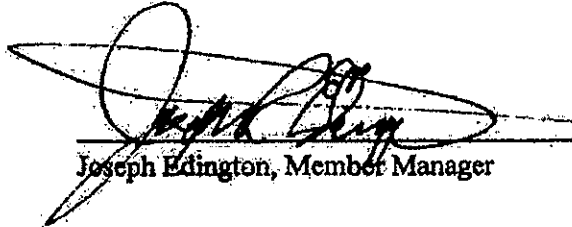
We, the majority Member Managers of Roil Energy, LLC, hereby declare our desire to revive its charter. We further declare that Roil Energy, LLC is, or has been organized and carrying on the business authorized by its original charter and that we desire to continue its existence pursuant to and subject to the provisions of Chapter 96 of the Laws of Nevada.

We further authorize Allan Holms to sign the Certificate of Revival for Roil Energy, LLC, and approve his doing so on our behalf as the Majority of Roil Energy's Member Managers.

DATED this 11th day of July, 2013



Allan Holms, Member Manager



Joseph Edington, Member Manager

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

ROIL ENERGY, LLC

NAME OF LIMITED-LIABILITY COMPANY

FILE NUMBER

E0074962010-8

FOR THE FILING PERIOD OF July 2013 TO June 2014

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

Frank C. Gilmore
71 Washington Street
Reno, Nevada 89503

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20130461647-64

Filing Date and Time

07/12/2013 8:29 AM

Entity Number

E0074962010-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Certified Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5706.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

NRS 78.020 Exemption Codes

☐ Pursuant to NRS Chapter 78, this entity is exempt from the business license fee. Exemption code:

001 - Governmental Entity

005 - Motion Picture Company

008 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME ALLAN HOLMS		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
ADDRESS 3625 W. WEST DRIVE		CITY SPOKANE	STATE WA
NAME JOSEPH EDINGTON		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
ADDRESS 702 EDENDERRY COURT		CITY SPOKANE	STATE WA
NAME VAL HOLMS		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
ADDRESS 470 HOLMS GULCH ROAD		CITY HELENA	STATE MT
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
ADDRESS		CITY	STATE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 78 and acknowledge that pursuant to NRS 209.333 it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of Manager or Managing Member

Title

MANAGING MEMBER

Date

7/11/13


Nevada Secretary of State Annual List Man/Mem
Revised: 3-9-12



Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsa.gov/index.asp?page=141>

Filed in the office of 	Document Number 20130461651-29
Ross Miller Secretary of State State of Nevada	Filing Date and Time 07/12/2013 8:29 AM
	Entity Number E0074962010-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

In the matter of ROIL ENERGY, LLC
Name of Represented Business Entity

I, **FRANK C. GILMORE** am a:
Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent*

(complete only one)

- a) ☐ commercial registered agent listed with the Nevada Secretary of State,
b) ☒ noncommercial registered agent with the following address for service of process:

71 WASHINGTON STREET	RENO	Nevada	89503
Street Address	City		Zip Code

Nevada
 Mailing Address (if different from street address) City Zip Code

- c) ☐ represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity

Street Address City Nevada Zip Code

Nevada

and hereby state that on 7/12/13 I accepted the appointment as registered agent for
the above named business entity. Date

X _____
Authorized Signature of R.A. or On Behalf of R.A. Company

Date 7-12-13

***If changing Registered Agent when reinstating, officer's signature required.**

X
Signature of Officer

Date _____

**INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE
BUSINESS LICENSE APPLICATION OF:**

ROIL ENERGY, LLC

ENTITY NUMBER

E0074962010-8

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF FEB, 2014 TO FEB, 2015



100401

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140084488-59 Filing Date and Time 02/03/2014 3:10 PM Entity Number E0074962010-8
--	--

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME JOSEPH EDINGTON	MANAGER OR MANAGING MEMBER		
ADDRESS 702 EDENDERRY COURT , USA	CITY SPOKANE	STATE WA	ZIP CODE 99223
NAME ALLAN HOLMS	MANAGER OR MANAGING MEMBER		
ADDRESS 3625 W WEST DRIVE , USA	CITY SPOKANE	STATE WA	ZIP CODE 99224
NAME VAL HOLMS	MANAGER OR MANAGING MEMBER		
ADDRESS 470 HOLMS GULCH ROAD , USA	CITY HELENA	STATE MT	ZIP CODE 59601
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ALLAN D HOLMES

Title
MANAGING MEMBER

Date
2/3/2014 3:10:43 PM

**Signature of Manager, Managing Member or
Other Authorized Signature**

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ROIL ENERGY, LLC

ENTITY NUMBER

E0074962010-8

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF FEB, 2015 TO FEB, 2016

USE BLACK INK ONLY - DO NOT HIGHLIGHT

100402

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number
	20150036101-09
	Filing Date and Time
	01/27/2015 11:45 AM
	Entity Number
	E0074962010-8

(This document was filed electronically.)
 ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW
☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:
NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME JOSEPH EDINGTON	MANAGER OR MANAGING MEMBER		
ADDRESS 702 EDENDERRY COURT , USA	CITY SPOKANE	STATE WA	ZIP CODE 99223
NAME ALLAN HOLMS	MANAGER OR MANAGING MEMBER		
ADDRESS 3625 W WEST DRIVE , USA	CITY	STATE WA	ZIP CODE 99224
NAME VAL HOLMS	MANAGER OR MANAGING MEMBER		
ADDRESS 470 HOLMS GULCH ROAD , USA	CITY HELENA	STATE MT	ZIP CODE 59601
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ALLAN HOLMS

 Title
 MANAGING MEMBER

 Date
 1/27/2015 11:45:15 AM

Signature of Manager, Managing Member or
 Other Authorized Signature

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ROIL ENERGY, LLC

ENTITY NUMBER

E0074962010-8

NAME OF LIMITED-LIABILITY COMPANY



100403

FOR THE FILING PERIOD OF FEB, 2016 TO FEB, 2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number
	20160047921-72
	Filing Date and Time
	02/01/2016 11:54 AM
	Entity Number
	E0074962010-8

 (This document was filed electronically.)
 ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW
☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:
NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME JOSEPH EDINGTON		MANAGER OR MANAGING MEMBER	
ADDRESS 702 EDENDERRY COURT , USA	CITY SPOKANE	STATE WA	ZIP CODE 99223
NAME ALLAN HOLMS		MANAGER OR MANAGING MEMBER	
ADDRESS 3625 W WEST DRIVE , USA	CITY SPOKANE	STATE WA	ZIP CODE 99224
NAME VAL HOLMS		MANAGER OR MANAGING MEMBER	
ADDRESS 470 HOLMS GULCH ROAD , USA	CITY HELENA	STATE MT	ZIP CODE 59601
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ALLAN HOLMS

 Title
 MANAGING MEMBER

 Date
 2/1/2016 11:54:03 AM

Signature of Manager, Managing Member or Other Authorized Signature